

Harrisburg Human Relations Commission  
Use only

Docket No. \_\_\_\_\_  
EEOC No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, possession of a diploma based on passing a general education development test, familial status, place of birth, marital status, sexual preference/orientation.

**IN-5 FORM**

**DISCHARGE QUESTIONNAIRE**  
**Questionnaire on the incident you are complaining about.**

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Caution:** Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

County \_\_\_\_\_ Telephone No. \_\_\_\_\_

Number of employees who work at the organization named above. Please check one.

Less than 4 \_\_\_\_\_ 15 to 100 \_\_\_\_\_ 201 to 500 \_\_\_\_\_ Unknown \_\_\_\_\_

4 to 14 \_\_\_\_\_ 101 to 200 \_\_\_\_\_ 501 plus \_\_\_\_\_

Name and address of person who will know how to contact you and who does not reside in your home.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex/male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you did.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

\_\_\_\_\_  
 \_\_\_\_\_

3. When were you hired by the company that discharged you? \_\_\_\_\_

List the most recent job title-department-length of time on job you have held during your employment with this employer.

\_\_\_\_\_  
 \_\_\_\_\_

4. What was the date of your discharge? \_\_\_\_\_

4a. Were you a probationary employee when you were discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Who recommended this discharge? \_\_\_\_\_

What is his/her job title and **CLASS** (Race, Sex, Age, etc.) \_\_\_\_\_

\_\_\_\_\_

5a. Who informed you of your discharge? \_\_\_\_\_

What is his/her job title and **CLASS** (Race, Sex, Age, etc.) \_\_\_\_\_

\_\_\_\_\_

6. What reasons were you given for your discharge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit a copy of any letters or notices from the company concerning this discharge.

7. What explanation for your performance or conduct did you give the employer?

\_\_\_\_\_

\_\_\_\_\_

8. To your knowledge, did the employer conduct any investigation which took into account your explanation.

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, as best as you can, when the investigation occurred, the name(s) of the individuals who investigated the incident for the employer and any details you can.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Did your explanation for your performance or conduct cause the employer to reconsider or delay your discharge in any way?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

\_\_\_\_\_

10. Do you believe any of the reasons given by the employer for this discharge were accurate?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_

11. Were you warned/disciplined before this discharge about any violations of your employer's rules?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so:

Date of Warning/Discipline? \_\_\_\_\_

Nature of Warning/Discipline/Suspension - Oral/Written? \_\_\_\_\_

Who gave the Warning/Discipline? \_\_\_\_\_

Class (Race, Sex, Age, etc.) \_\_\_\_\_

Reason for Warning/Discipline? \_\_\_\_\_

12. If you have it, please attach a copy of any written procedure or policy your employer may have with respect to discipline. If you don't have it, where can we obtain a copy? If it is not written, what is the practice or your understanding of it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If the employee gave a reason for your discharge/demotion, can you name any employee who did the same thing or something worse who was not discharged/demoted?

Name \_\_\_\_\_

Job/Dept. \_\_\_\_\_

What did the person do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What discipline was given ? \_\_\_\_\_

\_\_\_\_\_

14. Has anyone else been treated the same as you? Yes \_\_\_\_\_ No \_\_\_\_\_ If so:  
Name \_\_\_\_\_ Class \_\_\_\_\_
15. If the reason given by your employer for your termination was related to reorganization for economic reasons, what is your objection to your employer's rationale?  
\_\_\_\_\_  
\_\_\_\_\_
16. If the employer gave a reason for your termination related to reorganization, can you name any employee(s) who you felt should have been terminated before you?  
Name \_\_\_\_\_ Class \_\_\_\_\_  
Job/Dept. \_\_\_\_\_  
Why should this person have been terminated before you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Are you a union member? Yes \_\_\_\_\_ No \_\_\_\_\_ If so:  
What is the name of your union? \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code? \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ Business Agent (Rep.) \_\_\_\_\_
18. Did you file a grievance regarding the above problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.  
\_\_\_\_\_  
\_\_\_\_\_
19. Are you a civil service employee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you file a civil service complaint regarding the above problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is/was the status of your civil service complaint, if applicable? \_\_\_\_\_

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20. Have you filed a complaint about this matter with any other commission or agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please specify the commission or agency and the date filed, to the best of your recollection.

Name of commission or agency? \_\_\_\_\_

Date filed? \_\_\_\_\_

20a. Have you applied for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the date of your application for benefits? \_\_\_\_\_

What is your social security number? \_\_\_\_\_

Were you awarded benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please state your weekly benefit amount and the date you began receiving checks.

\$ \_\_\_\_\_ Date \_\_\_\_\_

If you were denied benefits, did you appeal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, was a hearing held on your appeal? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what was the result? \_\_\_\_\_

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If you have not applied for unemployment, do you plan on doing so? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are claiming discrimination based upon handicap/disability, have you filed a workers' compensation claim related to your disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the status of that claim? \_\_\_\_\_

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Are you receiving social security benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what amount do you receive and what date did you begin to receive these benefits?

\$ \_\_\_\_\_ Date \_\_\_\_\_

21. Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Date Filed \_\_\_\_\_

If there are other facts you feel should be considered, record these on the last page of the questionnaire (**Continuation Page**).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature Date\_\_\_\_\_  
Address\_\_\_\_\_  
City, State and Zip Code ( ) Telephone Number

**CONTINUATION PAGE**

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]



